

PHS 398 Checklist

OMB Number: 0925-0001

Expiration Date: 9/30/2007

1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

New Resubmission Renewal Continuation Revision

Federal Identifier:

2. Change of Investigator / Change of Institution Questions

Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Change of Grantee Institution

* Name of former institution:

3. Inventions and Patents (For renewal applications only)

* Inventions and Patents: Yes No

If the answer is "Yes" then please answer the following:

* Previously Reported: Yes No

4. Program Income

Is program income anticipated during the periods for which the grant support is requested?

Yes No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period	*Anticipated Amount (\$)	*Source(s)
5	0.00	
5	0.00	
5	0.00	

5. Assurances/Certifications (see instructions)

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided at: <http://grants.nih.gov/grants/funding/phs398/PolAssurDef.doc>

*Human Subjects; *Research Using Human Embryonic Stem Cells; *Research on Transplantation of Human Fetal Tissue; *Women and Minority Inclusion Policy; *Inclusion of Children Policy; *Vertebrate Animals; *Debarment and Suspension; *Drug- Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only) ; *Lobbying; *Non-Delinquency on Federal Debt; *Research Misconduct; *Civil Rights (Form HHS 441 or HHS 690); *Handicapped Individuals (Form HHS 641 or HHS 690); *Sex Discrimination (Form HHS 639-A or HHS 690); *Age Discrimination (Form HHS 680 or HHS 690); *Recombinant DNA and Human Gene Transfer Research; *Financial Conflict of Interest (except Phase I SBIR/STTR); *Prohibited Research; *Select Agents; *Smoke-Free Workplace; *STTR ONLY: Certification of Research Institution Participation.

If unable to certify compliance, where applicable, provide an explanation and attach below.

Explanation:

Attachments

CertificationExplanation_attDataGroup0

File Name

Mime Type

Tracking Number: